

CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO. 11-12669

Debtor: Barbara Jean Fortner SSN XXX-XX-4813 Current Monthly Income \$1,600.00  
Joint Debtor: SSN XXX-XX- Current Monthly Income \$  
Address: 981 Rockhill Road, Como, MS 38619 No. of Dependents: 0  
Telephone No.: TAX REFUNDS AND EIC FOR DISTRIBUTION: n/a

**THIS PLAN DOES NOT ALLOW CLAIMS.** Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured/priority debts must be provided for in this plan.

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed or the recipient of government benefits.

(A) Debtor shall pay \$.889.00 per ( ☒ monthly ☐ semi-monthly ☐ weekly ☐ bi-weekly )  
to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer at:

self-pay  
.  
.  
.

(B) Joint debtor shall pay \$ per ( ☐ monthly ☐ semi-monthly ☐ weekly ☐ bi-weekly )  
to the Chapter 13 Trustee. A payroll deduction order will be issued to Joint debtor's employer at:

..  
..  
.

**PRIORITY CREDITORS**

Filed claims that are not disallowed to be paid in full: IRS \$ 0.00 @ \$ /month  
State Tax Commission \$ 0.00 @ \$ /month Other \$ @ \$ /month

DOMESTIC SUPPORT OBLIGATIONS (POST-PETITION) DUE TO: n/a

in the amount of \$ shall be paid \$ /month beginning  
( ☐ direct ☐ through payroll deduction ☐ through the plan )

PRE-PETITION DOMESTIC SUPPORT ARREARAGE DUE TO: n/a

through in the amount of \$ shall be paid at \$ /month  
( ☐ direct ☐ through payroll deduction ☐ through the plan )

**HOME MORTGAGE(S)**

MTG PMTS TO: BEGINNING @\$ ☐ PLAN ☐ DIRECT

MTG PMTS TO: BEGINNING @\$ ☐ PLAN ☐ DIRECT

MTG PMTS TO: BEGINNING @\$ ☐ PLAN ☐ DIRECT

MTG ARREARS TO: THROUGH \$ @\$ /MO\*  
(\*Including interest at 0 %)

MTG ARREARS TO: THROUGH \$ @\$ /MO\*  
(\*Including interest at 0 %)

MTG ARREARS TO: THROUGH \$ @\$ /MO\*  
(\*Including interest at 0 %)

Debtor's Initials: Joint Debtor's Initials: CHAPTER 13 PLAN, PAGE 1 OF 2

**SECURED CLAIMS** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Interest Rate	Total Amt. To Be Paid	Monthly Payment
Vanderbilt Mortgage & Finance, Inc.	mobile home	39,625.91	39,000.00	7%	47,078.40	784.64

**SPECIAL CLAIMANTS** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal To be Paid

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including but not limited to, adequate protection payments:

**UNSECURED DEBTS** totaling approximately \$518.27 are to be paid in deferred payments to Creditors that have timely filed claims that are not disallowed: IN FULL or 0% (percent) minimum. *\*timely filed and allowed claims only*

Total Attorney Fees Charged \$2,800.00  
 Attorney Fees Previously Paid \$500.00  
 Attorney fees to be paid through the plan \$2,300.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone No. of Vehicle Insurance Co./Agent  
 Telephone/Fax

Attorney for Debtor (Name/Address/Phone/Email)  
 James W. Amos  
 2430 Caffey St.  
 Hernando, MS 38632  
 Telephone/Fax 662-429-7873/662-429-3938  
 E-mail Address jwamosattorney@aol.com

DATE: 6/29/11 DEBTOR'S SIGNATURE /s/ Barbara Jean Fortner  
 JOINT DEBTOR'S SIGNATURE  
 ATTORNEY'S SIGNATURE /s/ James W. Amos